

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee**
on **Tuesday 4 July 2023 at 13.00**

Present Steven Johnston, Chair
Morven Brooks, Third Sector Representative
David Campbell, Non-Executive Board Member
Rona Gold, Vice Chair (Health), Non-Executive Board Member
Jean Stevenson, Vice Chair (Care), Integration Joint Board Member
Lindsay Hall, Integration Joint Board Member (14.30)

In Attendance Stephen Brown, Integration Joint Board Chief Officer
Mark Henry, Medical Director
Sara Lewis, Acting Director of Public Health
Anthony McDavitt, Director of Pharmacy
Sharon Ann Paget, Interim Chief Social Work Officer
Laura Skaife-Knight, Chief Executive
Sam Thomas Director of Nursing, Midwifery, AHPs and Acute
Maureen Swannie, Head of Strategic Planning and Performance
Louise Wilson, Director of Public Health
Yvonne McPhee, Interim Service Manager (item 8.4)
Morven Gemmill, Lead Allied Professional (item 8.5)
Heidi Walls, Committee Support

C22 Welcome and Apologies

Apologies had been received from L Bradford, H Woodbridge and I Taylor

C23 Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items.

C24 Minute of meeting held on 4 April 2023

The minute of the Joint Clinical and Care Governance Committee meeting held on 4 April 2023 was accepted as an accurate record of the meeting and approved.

C25 Matters Arising

The Chair noted that the Whistleblowing Standards Annual Report 2022/2023 and The Whistleblowing Champion Assurance Statement was submitted directly to the June 2023 NHSO Board meeting.

C26 Action Log

The Committee reviewed and updated the action log. (See action log for details)

Governance

C27 Whistleblowing Quarterly report - JCCGC 2324-11

The Medical Director presented the quarterly whistleblowing update which was a mandatory report as required by the Independent National Whistleblowing Office.

The report covered the period April –June 2023 and it was confirmed that no whistleblowing concerns had been raised during that period.

Ongoing work to finesse the processes which allow colleagues to raise a concern was highlighted and particularly the development of a reciprocal arrangement with another board so that whistle-blowers with specific anxieties around confidentiality have an option to raise their initial concerns via confidential contacts from outside their employing organisation.

The Medical Director was confident that NHS Orkney was compliant with the requirements of the independent office but advised members that there could be further work to improve awareness and messaging, particularly regarding the broader partnership.

The Chief Executive agreed speaking up and raising concerns were two key elements identified as part of wider work and acknowledged there was more to be done. A particular focus on the timescales and the importance of closing the loop was noted.

With the review of Executive portfolios, it was noted that going forward the lead for Whistleblowing would sit with the Chief Executive.

Decision / Conclusion

The Committee reviewed the report and took assurance.

Clinical Quality and Safety

C28 Quality Forum Chair's Update

The Medical Director provided a verbal update to members on the work of the Quality Forum and presented the minutes from the March and May 2023 meetings.

The 3 broad aims of the Quality Forum were confirmed as:

- To support our commitment to the provision of safe, effective and person-centred care
- To provide assurance to this Committee on the systems and processes for healthcare quality and safety in operation across NHS Orkney.
- To have a positive impact on the quality and safety of patient care by bringing together clinical leaders from across the healthcare system to focus on continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

It was noted that the emphasis across all quality fora was learning from events and that this included Datix reports, significant adverse event reviews (SAER) and complaints. It was confirmed that the forum was also maintaining a close focus on falls prevention, with particular emphasis on upstream prevention in the community, clinical documentation and record keeping.

Further highlights included the very successful implementation and roll out of HEPMA, the reinvigoration of the Hospital Sub Committee, strong work within the theatre improvement group and the recent but very welcome removal of the requirement to wear fluid resistant surgical masks.

It was confirmed that datix training was available, if requested, and although there was a small team, members actively worked at raising awareness of the system and provided support to those using it, as required.

It was acknowledged that there was more work to do and that closing the loop by providing feedback after a report was made to ensure a clear outcome was seen, was a key element to get right.

In response to concerns about outdated clinical policies, members were advised that work was in progress to ensure there was a clear approach going forward. It was confirmed in the recent review of Executive portfolios that nominated leads, under the leadership of the Chief Executive for non-clinical policies and the Director of Nursing, Midwifery, AHPs and Acute for clinical policies, would be identified.

The new Senior Leadership Team (SLT) would be the planned final approval route for policies with input from operational expertise and governance groups as appropriate.

Additional concerns regarding the risk elements of outdated policies were discussed and it was confirmed that policy reviews on a prioritisation basis had been agreed as part of objectives at the Remuneration Committee. The importance of ensuring that there was also a plan in place for the implementation and communication of approved policies was highlighted and it was agreed that a clear direction of travel had been started and that a development plan would follow.

It was noted that the Senior Leadership Team were trialling a simplified chair's assurance report and it was proposed that if the updated version was approved it should be used going forward.

Decision / Conclusion

The Committee reviewed the minutes and took assurance from the updates provided.

C29 Learning from Clinical Incidents Annual Report JCCGC 2324-12

The Medical Director presented the annual report on learning from clinical incidents with a particular focus on the management of significant adverse events (SAER). He highlighted the often quoted line that learning from adverse events was crucial to improving the quality and safety of care as particularly relevant.

The key headline from the period was that although the numbers of significant adverse events (SAE) were low, there remained challenges to address. Staff time and capacity, consistency of approach and the implementation of learning from incidents were highlighted as the primary issues.

Small and/or single-handed teams and competing clinical priorities within a small system, limited opportunities for a rapid response so process timings could

fluctuate but the clinical governance team provided support to mitigate this wherever possible.

Improvement in the delivery of a consistent approach after tapping into resources from NHS Lanarkshire and growing the number of trained investigators was highlighted.

Members were advised that the biggest challenge, which picked up an earlier query, was closing the loop. It was felt that too often the delivery of the investigation report was seen as the final stage in the process when in reality it was only the first step as there was no point identifying learning if it wasn't going to be implemented.

It was acknowledged that this issue also exposed the bigger challenge that healthcare governance and quality improvement was often viewed as something done to us rather than something everyone took responsibility for.

Ensuring a clear handover of the action plan to the people who could deliver the necessary change and the identification of a process to track the recommendations were noted as two key elements that needed to be addressed.

It had been agreed that there was role for the healthcare governance team but also the clinical executives in the implementation of a robust tracking process and a meeting to take this work forward was planned.

A recent change which had been implemented since last year was that whenever Duty of Candour was exercised, it would also serve as trigger for a SAE investigation.

It was confirmed that SAEs would be the starting point for tracking work but would develop to include a wider remit.

The Chief Executive acknowledged the work and contribution from the Clinical Governance and Quality Improvement Manager's final report before retirement and noted it provided real clarity about the areas for focus going forward.

She also noted her own recent involvement with a case which had raised a number of issues and she highlighted several key areas which needed to be addressed.

- The time taken to produce actions plans
- Ownership and clarity at executive level
- Process, timing and sequency of shared learning
- A fit for purpose process for keeping patient families informed.
- Tangible and demonstrable evidence of learning
- An improvement plan to ensure an appropriately resourced Clinical Governance team in place to lead and support this work

The chair highlighted the terms of reference of the Joint Clinical and Care Governance Committee which included the responsibility to ensure learning implemented. The requirement to ensure confidentiality was noted but it was felt overall themes could be monitored.

The human impact on individuals, families, staff and service users was discussed but the organisational risk of identifying learning but not implementing actions to

deliver improvements was also highlighted as a significant concern.

It was confirmed that regular audits to monitor progress around common themes which were highlighted as part of SAERs, such as record keeping and improved digital systems, was an outstanding piece of work to progress.

The Director of Nursing, Midwifery, AHP and Acute confirmed that audit paperwork on clinical record keeping had been collated and would be progressed when the two new clinical nurse managers were in post. Learning would be shared through Quality Improvement meetings, and she would work with the Medical Director as appropriate and if feedback included medical issues.

The Director of Public Health appreciated the internal focus but noted that learning from other organisations was also helpful and highlighted interesting insights provided by ombudsman reports as one example.

The Medical Director confirmed links with the National Adverse Events forum.

It was agreed that as the Quality Forum Terms of Reference was due for review it could be updated to include an approach for accessing learning from across the whole system.

It was agreed that an action plan to address the concerns raised and a further SAER update should return to the committee so assurance could be provided.

Decision / Conclusion

The Committee reviewed the Learning from Clinical Incidents Annual Report, noted the concerns raised and agreed further reporting for assurance.

C30 Duty of Candour Annual Report JCCGC 2324-13

The Medical Director presented the annual report and noted Duty of Candour (DOC) as a legal responsibility of all health and social care services in Scotland. He advised that when an incident results in harm, those affected must be made aware of what has happened and receive an apology from the care provider.

He noted that the DOC legislation was strict, and that NHS Orkney had only met the threshold on one occasion over the last year and the detail of those incidents and the learning from them was captured within the report.

Members were assured that there was a good approach, discussion and genuine sharing at the weekly incident review group meetings.

It was agreed that adding a duty of candour element to care and care at home reporting would be helpful going forward.

Decision / Conclusion

The Committee reviewed the report and took assurance.

C31 Care Homes Assurance Report JCCGC2324-14

Members welcomed the first six monthly assurance report covering NHS Orkney

Care homes which provided an overview of progress and performance within the reporting period October 2022 to March 2023.

The impact of 100% occupancy rates across all three care homes and the wider service impacts along with staffing difficulties due to absence and recruitment challenges were highlighted and explored.

Assurance that there had been no care inspectorate inspection findings during the period was welcomed.

Training programmes had been restarted post pandemic and new courses, to address violence and aggression issues, particularly relating to dementia patients, were highlighted.

Overall, falls and hospitalisation rates were below average, and the few exceptions could be linked to specific individuals.

It was confirmed that overall staff sickness was not out of step with the wider Scottish average and the hard, physical nature of the caring role, and the aging workforce demographic was highlighted. It was confirmed that managers were working closely with HR to ensure those on long term sick were supported back to work or to explore alternative options.

There was also a group linking with HR to look at recruitment and retention and wider infrastructure issues such as suitable accommodation which impacted on the ability to attract and keep staff from outside Orkney.

The Director of Nursing, Midwifery, AHP and Acute Services acknowledged the vacancy challenges across all aspects of social and health care and the efforts to attract new recruits, but moving forward was keen to see the inclusion of a system wide impact assessment of full occupancy and staffing ratios in the reporting.

The Director of Pharmacy noted that a ratio of agency to substantive staff and an indication of data risk around medication would be useful additional information to capture in future reports.

The Vice Chair (Health) welcomed the information regarding service pressures, but asked if data to allow prior performance comparison and national benchmarking could also be provided.

The Chair welcomed the good examples of shared working during the pandemic and that multi-disciplinary work had continued.

The Acting Director of Public Health noted that during the period of the report there would have been Covid outbreaks which would have impacted and also highlighted a concern regarding the impact on emergency respite of 100% occupancy.

The Chair, reflecting on occupancy levels, asked if there was an opportunity with the new St Rognvald's Care Home to explore options for doing things differently. It was confirmed that this was being discussed at the Integration Joint Board.

The Interim Service Manager elaborated on issues relating to respite beds and it was noted that respite beds were short because of active work to facilitate discharges from hospital and enable permanent beds.

Members welcomed the broader and more detailed reporting, and it was agreed that suggestions for additional information would be incorporated to reports going forward.

Decision / Conclusion

The Committee reviewed the report and took assurance.

C32 Speech and Language Pressures Report JCCGC2324-15

Members received the Speech and Language Pressures report which provided an update on national and local pressures on Speech and Language provision, highlighted the consequences for patients and provided an assessment of local issues and challenges.

Key points highlighted included:

- A legacy of non-investment and disinvestment which has dramatically impacted on services and the intrinsic challenge of a small friable service with no critical mass to absorb gaps or extend service offer.
- The importance of Speech and Language Therapy and the difference their interventions can make across all sectors of the community and particularly their impact on outcomes for those with lifelong conditions.
- Concerns about widening health inequalities because of ongoing service pressures and the risk that other small services could be facing similar challenges.
- The post pandemic increase in demand on services coupled with recruitment challenges across the UK with 90% of services reporting difficulties and 78% severe difficulties.
- The plan to draw in larger boards for a broader approach to education and training as a regional approach was not enough to address the significant gap and islands services were just too small to compete.
- National professional leadership challenges and ongoing senior staff turnover and instability exacerbating fragile service issues.

It was noted that the report was provided to raise awareness of the issues regarding a small and fragile service and to seek support for recommendations.

Members welcomed the report noting the concerns raised and took some reassurance and optimism from the work and proactive approach in exploring options to mitigate the risks and challenges highlighted.

The Head of Strategic Planning and Performance confirmed the issues were captured on the Children Services risk register.

It was confirmed that learning from the approach in the report was something that could be taken forward to wider fragile services work and it was agreed that a paper

making the link to longest waits and providing clarity for short, medium and long term planning would be submitted to the Senior Leadership Team meeting.

It was agreed that there should also be future reporting of progress to the Joint Clinical and Care Governance Committee to ensure focus was maintained and assurance provided. Although Speech and Language Therapy was the discipline presented at the meeting, other AHP services experienced similar pressures and may also require attention.

Decision / Conclusion

The Committee reviewed the report, noted the concerns raised and agreed further reporting for assurance.

C33 Infection Control Annual Report JCCGC2324-16

The Director of Nursing, Midwifery, AHP and Acute presented the annual report which provided an overview of the work undertaken by the Infection Control Teams across primary, secondary and social care during 2022 and 2023.

Overall targets had been met although there was some work to do on infection targets. It was noted that although E Coli rates were up investigations had found no causative links.

Diversification and recruitment to strengthen the team to assist and support delivery of the infection prevention and control agenda was highlighted.

Queries relating to dip in hand hygiene scores and the return rate of community improvement plans were raised.

It was confirmed that although there was a dip in hand hygiene scores at the end of the last reporting year, recent reports had shown improvements. It was noted that bare below the elbow criteria was the audit finding rather than hand washing and a pending roll out of a redrafted uniform policy would help address this issue and provide the governance for other conversations.

It was confirmed that engagement from independent contractors could be challenging but reports were received and there was ongoing work to build relationships.

It was agreed that the positives in the report outweighed the concerns and members recognised the progress made and acknowledged the hard work of the team. The report was also clear about the work which was still required and provided a focus for the next reporting period.

Decision / Conclusion

The Committee reviewed the report and took assurance.

C34 Orkney Cancer Care Delivery Group Update

The Medical Director provided a verbal update on the Orkney Cancer Care Delivery Group noting that going forward a Chair's assurance report would be provided to future meetings of the committee.

Members were advised that the group met monthly to review pathways and pinch points, but a tendency towards a reactive approach was acknowledged.

It was confirmed that going forward a draft cancer improvement plan would be presented to the Senior Leadership Team and to the Joint Clinical and Care Governance Committee.

The chair welcomed the return of this reporting and queried the Scottish Government reporting requirement.

The Medical Director advised that it was a complicated picture with weekly reporting on waiting times and monthly meetings with a Scottish Government monitoring team, as well as meetings to review key performance indicators and 62day improvement plans. He confirmed that it was all in place but currently went directly to Scottish Government rather than through internal governance groups but work to bridge that gap was ongoing.

Post Meeting Note: It was confirmed at the Joint Clinical and Care Governance Committee October 2023 Initial Agenda Setting meeting that the Orkney Cancer Care Delivery Group currently sits in the structure as reporting to the Quality Forum. It was agreed that going forward the group should continue to report to the Quality Forum with any issues escalated to the Joint Clinical and Care Governance Committee via the Chairs Assurance Report.

Decision / Conclusion

The Committee noted the verbal update.

C35 Ethical Advice Support Group JCCGC2324-17

The Medical Director presented a proposal that the NHS Orkney Ethical Advice and Support Group should be stood down, noting that a link was in place to tap into the NHS Grampian group if required and that a local forum could be stood back up again if the need arose.

He noted, as an example, that ethical issues of corridor care was the topic for discussion at the next meeting of the Grampian group.

In response to queries regarding the reporting route of the Grampian Group the Medical Director advised members that the Chair of the Orkney Ethical Advice Support Group has seen a report for Grampian and was assured by their process.

Decision / Conclusion

The Committee approved the proposal with a caveat that links were maintained with the NHS Grampian group through the NHS Orkney Medical Director.

Policies for Approval

C36 Update on Policy Development

The Director of Nursing, Midwifery, AHP and Acute provided a verbal update on policy development which linked to earlier discussions.

It was confirmed that there would be a clear split between clinical and non-clinical policies and that a full update showing priorities and timescales would be provided at the next meeting for review and comment.

Decision / Conclusion

The Committee noted the update

Person Centred Care

C37 Social Work and Social Care Service Annual User Experience Report JCCGC2324-18

The Chief Officer presented the Social Work and Social Care Service Annual User Experience report and highlighted that it was the first report where the number of compliments was double the number of complaints.

Response timeframes were noted as relatively good and it was confirmed that partnership management teams reviewed all details and extracted key themes.

In response to a query regarding the unavailability of stage 1 and 2 reporting data the Chief Officer confirmed he would seek clarification and update.

It was confirmed that learning from complaints was shared via heads of service and teams leads as appropriate to the issues raised

Decision / Conclusion

The Committee reviewed the report and took assurance.

C38 Health Complaints and Feedback Annual Report

The Medical Director advised members that the Health Complaints and Feedback Annual report had been delayed but would report directly to the August 2023 NHSO Board meeting to ensure review and approval before submission to Scottish Government.

Decision / Conclusion

The Committee noted the update and process for approval.

Population Health

C39 Public Health Update JCCGC2324-19

The Acting Director of Public Health presented the Public Health update noting the purpose of the report was to introduce the Public Health Department Annual Workplan for 2023-2024 which linked to the NHS Orkney Plan on Page and to provide the committee with an update on key public health activity.

Key areas highlighted included:

- The previously reported reduction in the number of reported positive cases of

COVID-19 had continued whilst there had been an increase in the number and variety of other notifiable infections. Three COVID-19 related care home outbreaks in Orkney had been successfully managed through partnership working since January 2023

- The Scottish National Blood Transfusion Service Hepatitis B virus lookback exercise. Low numbers for Orkney were anticipated.
- The successful implementation of the spring vaccination programme
- That winter vaccination programme planning was in progress
- The Scottish Cervical Call Recall System no cervix exclusion audit

Members welcomed the reporting approach.

Decision / Conclusion

The committee reviewed the Public Health update and took assurance.

Risk and Assurance

C40 Corporate Risks aligned to the Clinical and Care Governance Committee JCCGC2324-20

The Medical Director presented the report which provided an update and overview of the management of risks related to this committee.

It was noted that no new risks had been aligned and of those currently aligned risk 509 regarding medical workforce was a key focus as unfilled gaps led to over reliance on locum and agency staff as national vacancy levels presented ongoing recruitment challenges.

Remaining areas of difficulty were physicians and chronic pain, but options were being explored.

In response to a query regarding the inclusion of the Speech and Language service on this register there was some caution around aligning risks to committees rather than people. If the organisation was failing to deliver a service, there was a query as to whether it was an issue rather than a risk. The importance of ensuring that concerns were articulated through the most appropriate mechanism during the ongoing discussions regarding risk was noted.

In response to a query regarding the inclusion of parallel reports for risk from the care side the Chief Officer noted that reporting was currently on a 6-monthly basis to the Integration Joint Board. Previous discussions around streamlining reporting workload to ensure duplication was avoided was why this hadn't been implemented.

Members agreed that the discussions highlighted a need for wider work on how risk was considered across the whole organisation and included the level of priority and focus it was given within governance meeting agendas.

The chair noted positive improvements within the current report such as up to date and in the future review dates rather than lapsed and proposed that further discussion around the issues raised could be added to the agenda for the November 2023 committee development session.

Decision / Conclusion

The committee noted the report.

C41 Emerging Issues

Doctors in Training Strike

The proposed dates for the doctors in training strike were confirmed and members were advised that maintaining service provision was the key focus and robust plans were in place.

Several colleagues across professions had stepped up to support consultants, if required. Negotiations were ongoing and communications would go out once the position was clear as some procedures would need to be cancelled if the strike was confirmed. If the strike did not take place there would be opportunities to repopulate clinics.

C42 Any other Competent Business

There was no other competent business.

C43 Items to be brought to the attention of the IJB, Board or other Governance Committees

It was agreed that the following items would be highlighted to the NHS Orkney Board and Integration Joint Board:

- Speech and Language Pressures update
- The approval of the Ethical Advice Support Group proposal
- The first Care home Assurance Report

Items for Information and noting

C44 Schedule of meetings 2023/24

Members noted the schedule of future meetings.

C45 Record of attendance

Members noted the record of attendance.

The meeting closed at 16:12pm